Anxiety, PTSD, & Fear of Reoccurrence: Coping with the Uncertainty

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Introduction/Background/Biases
so like why are we here?
Overview

- Defining our terms: Anxiety, PTSD, (Adjustment Disorder) and Fear of Reoccurrence
- Brief Review of the Research Literature on Anxiety, PTSD, and Fear of Reoccurrence Among Cancer Patients
- Offering Hope: Treatment Work
- Tips and Suggestions
- Questions & Answers
General Anxiety  DSM 5 Criteria

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

- Restlessness or feeling keyed up or on edge.
- Being easily fatigued.
- Difficulty concentrating or mind going blank.
- Irritability.
- Muscle tension.
- Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder.
Post-Traumatic Stress Disorder (PTSD)

DSM 5 Criteria

The diagnostic criteria for PTSD must have an experience: as exposure to actual or threatened death, serious injury or sexual violation.

The exposure must result from one or more of the following scenarios, in which the individual:

- directly experiences the traumatic event;
- witnesses the traumatic event in person;
- learns that the traumatic event occurred to a close family member or close friend (with the actual or threatened death being either violent or accidental);
- or experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).
Post-Traumatic Stress Disorder (PTSD)

DSM 5 Criteria

- The duration of symptoms is more than 1 month
- The disturbance, regardless of its trigger, causes clinically significant distress or impairment in the individual’s social interactions, capacity to work or other important areas of functioning. It is not the physiological result of another medical condition, medication, drugs or alcohol.

- Criterion A has been tightened with DSM-5. Importantly, a clear caveat has been included which notes that “A life threatening illness or debilitating medical condition is not necessarily considered a traumatic event. Medical incidents that qualify as traumatic events involve sudden, catastrophic events.”

- Furthermore, for family and friends, “witnessed events” include “unnatural death”; and “learning” about threatening life events must be violent or accidental. Therefore, learning about a relative’s cancer, or death resulting from cancer would not qualify as a PTSD stressor.

**Post-Traumatic Stress Disorder (PTSD) DSM 5 Criteria**

- **Re-experiencing (1)**
  - Flashbacks
  - Distressing involuntary memories
  - Nightmares
  - Physiological reactivity
  - Psychological distress of reminders

- **Avoidance (1)**
  - Thoughts, feelings, & conversations
  - Activities/Places/People

- **Arousal (2)**
  - Hypervigilance
  - Irritability/aggressive behavior
  - Self-destructive/reckless
  - Startle
  - Impaired Concentration

- **Cognitive and Mood (2)**
  - Amnesia
  - Negative beliefs about oneself or the world
  - Distorted blame of self or others
  - Negative trauma-related emotions
  - Loss of interest
  - Emotional detachment
  - Constricted affect

- **Sleep difficulties**

- **PTSD**
Adjustment Disorder DSM 5 Criteria

- Emotional or behavioral symptoms develop in response to an identifiable stressor or stressors within 3 months of the onset of the stressor(s) plus either or both of
  - (1) marked distress that is out of proportion to the severity or intensity of the stressor, even when external context and cultural factors that might influence symptom severity and presentation are taken into account and/or
  - (2) significant impairment in social, occupational, or other areas of functioning.
- The stress-related disturbance does not meet criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- The symptoms do not represent normal bereavement.
- After the termination of the stressor (or its consequences), the symptoms persist for no longer than an additional 6 months.
Mental Health Diagnosis Among Cancer Patient

Derogatis, Morrow, & Fetting, 1983
Of 47% Diagnosis with a Mental Health Disorder

- 13% Affective Disorder
- 67% Adjustment Disorder

Derogatis, Morrow, & Fetting, 1983)
Cancer recurrence is defined as the return of cancer after treatment and after a period of time during which the cancer cannot be detected. (The length of time is not clearly defined.)

The same cancer may come back in the same place it first started or somewhere else in the body. For example, prostate cancer may return in the area of the prostate gland (even if the gland was removed), or it may come back in the bones. In either case it’s a prostate cancer recurrence.

Fear of recurrence, the concern that cancer will come back after treatment, is common among survivors. Although having some concerns about recurrence is natural, too much worrying can affect your quality of life.
Fear of Recurrence – Livestrong Video
Prevalence Rates of Depression/Anxiety Among Cancer Patients

Depression
✓ 11.6% survivors vs. 10.2% in healthy controls

Anxiety
✓ 17.9% survivors vs. 13.9% healthy controls

“Our results suggest that after diagnosis of cancer, increased rates of anxiety tend to persist compared with healthy controls, whereas increased rates of depression are less long lasting. In the period immediately after diagnosis, depression is roughly twice as common as in healthy controls, but this increased risk only lasts for roughly 2 years. An increased risk of anxiety disorders seems to persist for up to 10 years or more.”

Mitchell, Alex J et al. (2013). Depression and anxiety in long-term cancer survivors compared with spouses and healthy controls: a systematic review and meta-analysis. The Lancet Oncology, 14:8, 721 - 732
Prevalence Rates of PTSD Among Cancer Patients

For all cancer types and using a clinical interview method found the current Cancer-Related PTSD prevalence to be 6.4% and 12.6% Lifetime.

“The cancer experience is sufficiently traumatic to induce PTSD in a minority of cancer survivors. Post-hoc analyses suggest that those who are younger, are diagnosed with more advanced disease and recently completed treatment may be at greater risk of PTSD. More research is needed to investigate vulnerability factors for PTSD in cancer survivors.”

Prevalence Rates of Adjustment Disorder Among Cancer Patients

Prevalence of adjustment disorder was 15.4% and anxiety disorders 9.8%. Prevalence of depression and adjustment disorder combined, with a prevalence of 24.7%

“There was also no appreciable difference in prevalence of adjustment disorders or anxiety disorders in palliative versus non-palliative settings, indeed combination mood disorders appeared slightly more common in non-palliative patients.

However, one should note that adjustment disorder is poorly studied and imprecisely defined relative to other mood disorders, especially in medically ill patients. Adjustment disorder can occur with and without features of depression.”

Cancer Psychological Distress

- Medical System
- Uncertainty
- Health Burden
- Family
- Finance
- Identity
Fear of Reoccurrence

- Ranges 5%-89% in cancer survivors
- Persists at least up to 9 years post treatment

The Mental Health Common Denominator

**Anxiety** = Worried thoughts (Future)

**PTSD** = Trauma Thoughts (Past) + Avoidance (Future)

**Depression** = Depressive thoughts (Past)

**Fear of Reoccurrence** = Fear thoughts (Future)

**Common Denominator** = Thoughts (not being present)
Offering Hope: Resiliency

- Not everyone with a cancer diagnosis develops a mental health disorder.
- Social Support a key factor in resiliency findings.
  - National Cancer Institute's Dictionary of Cancer Terms defines social support as “a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help”
Offering Hope: Psychotherapy

What we think affects how we act and feel.

Thought

What we feel affects what we think and do.

Emotion

What we do affects how we think and feel.

Behavior

C.B.T
Mindfulness Meditation

“Awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment”

(Kabat-Zinn, 2003)
Mindfulness Meditation Exercise

- Guided Meditation
- Focus on Breath

UCLA Mindfulness App - iTunes
Mindfulness Core Concepts for Practice

**Increasing your attention**
- Body sensations
- External stimuli
- Thoughts (what is your brain doing?)

**Compassion**
- For yourself and others

**Acceptance**
- Self-blame

**Wise-mind (Decision-making)**

**Emotions/Pain/Suffering**
A lot of the pain that we are dealing with are really only thoughts.

Don't believe everything you think.

You are not your thoughts. You are the presence that notices the thoughts.
Resources for More Information

- Coping with Cancer (NIH – NCI)
- American Cancer Society
  - http://www.cancer.org
- UCLA Mindfulness Awareness Research Center (MARC)
  - http://marc.ucla.edu
- Mindfulness Based Relapse Prevent (MBRP)
  - http://www.mindfulrp.com/default.html
Questions & Answers

Contact me: tylost@uw.edu